



LIVESTOCK NUTRIENT MANAGEMENT PROGRAM INSPECTION REPORT

Facility Name: _____ AG ID No: _____ Permit ID: _____

Date of Inspection: _____ Arrival Time: _____

WSDA Inspector(s): _____

Others: _____

Inspection Type: (check one)

☐ Initial (New) ☐ Routine ☐ Follow Up ☐ Technical Assistance
☐ Facility Closure ☐ Permit Cancellation ☐ Investigation

☐ Complaint ERTS# _____ Referred from _____

Property Owner's Name: _____ Phone No: _____

Facility Operator's Name: _____ Mobile No: _____

Facility Address: _____ Email: _____

_____ County: _____

Mailing Address: _____ Drainage/WRIA: _____

Weather _____ Past 24 Hours ☐ Storm ☐ Rain ☐ Showers ☐ Overcast ☐ Clear Current ☐ Storm ☐ Rain ☐ Showers ☐ Overcast ☐ Clear

Explanation of regional environmental concerns: _____

Approximate distance facility is from waters of the state: _____

I. Inspection History

- | | Yes | No | |
|--|--------------------------|--------------------------|-------------------------------|
| 1) Has WSDA (or Ecology) inspected this farm before? | <input type="checkbox"/> | <input type="checkbox"/> | Date of last inspection _____ |
| 2) Has or is the farm currently under a formal enforcement action? | <input type="checkbox"/> | <input type="checkbox"/> | |

II. LNMP Information

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1) Does the farm have a livestock nutrient management plan (LNMP)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Is the livestock nutrient management plan on site? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Is the LNMP approved by a conservation district? Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Is the LNMP certified by a conservation district? Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Is the LNMP certified by the livestock producer? Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Who developed the LNMP? _____ | | |
| 7) Acreage LNMP was developed for _____ Current total acreage _____ | | |
| 8) Herd size LNMP was developed for Milking _____ A# Dry Cows _____ A# Heifers _____ A# Total _____ A# | | |
| 9) Does NMP need to be updated? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

III. Detail of Current Animal Inventory

Dairy Livestock	A#	AU	Non-Dairy Livestock	A#	AU
1) Milking Cows	_____	_____	1) _____	_____	_____
2) Dry Cows	_____	_____	2) _____	_____	_____
3) Heifers (6 mos - fresh)	_____	_____	3) _____	_____	_____
4) Calves (0 - 6mos)	_____	_____	4) _____	_____	_____
Total animals on site	_____	_____	Total animals on site	_____	_____

Are there any additional rearing or feeding operations associated with the operation of this facility? ☐ Yes ☐ No

If yes, explain _____

Facility Name: _____

Date: _____

IV. Nutrient and Leachate Collection

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1) Number of days per year animals are confined? _____ | | |
| 2) Is all the manure in the confinement area contained and directed to storage? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Is roof runoff water diverted away from contaminated areas? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Is milk parlor and milking barn wash down water collected and transferred to storage? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Silage leachate <input type="checkbox"/> Collected and transferred to storage <input type="checkbox"/> Filter Strip <input type="checkbox"/> Ag Bags <input type="checkbox"/> Silo <input type="checkbox"/> Other _____ | | |
| 6) Is any area of the farm acreage frequently flooded? | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: _____

V. Nutrient Storage

- 1) What type of nutrient storage is used? ☐ Manure lagoon ☐ Above ground tank ☐ Under ground tank
☐ Dry stack ☐ Manure pit ☐ Covered on slab
- 2) Total lagoon storage- capacity/volume _____ Months/Year _____ Current amount of storage utilized _____ %
- 3) Lagoon Solids Build Up ☐ Light ☐ Medium ☐ Heavy
- 4) Dike Condition ☐ Good ☐ Fair ☐ Poor
- 5) Total solids storage - capacity/volume _____ Months/Year _____ Current amount of storage utilized _____ %

Comments: _____

VI. Nutrient Application

- 1) How are nutrients applied? ☐ Sprinkler (big gun) ☐ Sprinkler (irrigation system) ☐ Dry Spreader
☐ Spreader (honey wagon) ☐ Injector ☐ Custom Pumper ☐ Other

- | | Yes | No | Years maintained |
|---|--------------------------|--------------------------|------------------|
| 2) Are nutrient application records maintained? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3) Are nutrient testing records maintained? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4) Are soil testing records maintained? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Number of Fields/Management Units _____ Perennial _____ Annual _____

Soil Nitrate-N _____ Acceptable _____ Needs Attention

Soil Phosphorus _____ Acceptable _____ Needs Attention

- 5) Are water quality testing records maintained? ☐ ☐ _____

Comments: _____

Date: _____

Yes **No**

- | |
|---|
| 1 |
| 2 |
| 3 |
| 4 |
| 5 |
| 6 |

Comments:

Please send requested information to Livestock Nutrient Management Program, WSDA

<input type="checkbox"/> Kirk Robinson, Southwest Region 2 nd Floor Natural Resources Building, 1111 Washington Street SE, Olympia, WA 98504 (360) 902-1928 FAX (360) 902-2087	<input type="checkbox"/> Jeff Canaan, Northwestern Region 6951 Hannegan Road, Suite 10 Lynden, WA 98264 (360) 961-7412 FAX (360) 902-2087
<input type="checkbox"/> Ginny Prest, Eastern Region PO Box 611 Prosser, WA 99350 (509) 969-7140 FAX (509) 973-9415	<input type="checkbox"/> Cara McKinnon, Northwestern Region 117 N 1 st , Suite 39 Mount Vernon, WA 98273 (360) 202-3257 FAX (360) 902-2087

Departure Time: _____